

Exhibit D

AFFIDAVIT

THE STATE OF TEXAS §

COUNTY OF WALKER §

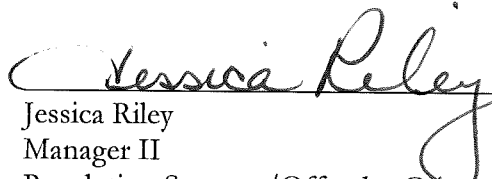
BEFORE ME, the undersigned authority, on this day personally appeared Jessica Riley, who, being by me duly sworn, deposed as follows:

“My name is Jessica Riley and I am an employee of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the Manager II for the Resolution Support/Offender Grievance department of the Administrative Review and Risk Management Division, for the TDCJ, with my office located in Huntsville, Texas. Attached is a true and correct copy of the *Step 1 Grievance No. 2022011453 received by the TDCJ from inmate Kosoul Chanthakoummane TDCJ# 00999529 on September 29, 2021*, which is kept by the TDCJ in the regular course of its business activity. The entry of such record was made as a regularly conducted activity and as a regular practice of the TDCJ and was made at or near the time of the occurrence of the matters set forth by or from information transmitted by a person with knowledge of the matter.

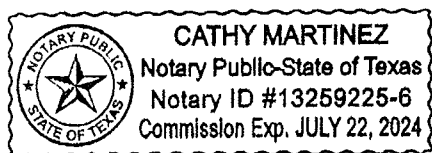
I declare under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth not.”



Jessica Riley
Manager II
Resolution Support/Offender Grievance, ARRM
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on the 1st day of October, 2021.



Notary without Bond



NOTARY PUBLIC, STATE OF TEXAS



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: KOSOUL CHANTHAKOUMMANE TDCJ # 999529
 Unit: POLUNSKY TL 54 Housing Assignment: 12.AA.12
 Unit where incident occurred: 12 BUILDING DEATH ROW

Grievance #: 2022011453
 Date Received: SEP 29 2021
 Date Due: 11/8/21
 Grievance Code: 104
 Investigator ID #: I2845
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? CHAPLAIN HAZELWOOD, TDCJ OFFICIAL, CHAPLAINCY When? SEPTEMBER 14TH, 2021

What was their response? NOT ALLOWED

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

THIS IS AN EMERGENCY GRIEVANCE. I HAVE AN EXECUTION DATE FOR NOVEMBER 10TH, 2021, AND HAVE REQUESTED THAT MY PERSONAL SPIRITUAL ADVISOR BE PHYSICALLY PRESENT WITH ME INSIDE THE DEATH CHAMBER AT WALL UNIT, HUNTSVILLE, TEXAS. I AM REQUESTING THAT MY SPIRITUAL ADVISOR, GERALD SHARROCK, BE PERMITTED TO PLACE A HAND OVER MY HEART WHILE RECITING A PRAYER AS THE EXECUTION COMMENCES. IN ADDITION, I REQUEST THAT AT THE PRONOUNCEMENT OF DEATH, I AM ASKING THAT HE BE PERMITTED TO CLOSE MY EYES WITH HIS HANDS AFTER MY SPIRITUAL TRANSITION FROM THIS WORLD. ALTHOUGH I AM OF THE CHRISTIAN FAITH, I AND MY SPIRITUAL ADVISOR HAVE AN INTER-FAITH RELATIONSHIP AS HE'S A PRACTITIONER OF THE BUDDHIST FAITH. IT IS VERY IMPORTANT FOR ME TO HAVE THIS PHYSICAL GRACE PRESENT WITH ME AS I KNOW IT WILL HELP ME TRANSITION FROM THIS WORLD. I AM REQUESTING THAT MY RELIGIOUS RIGHT TO HAVE THIS AS GOVERNED BY THE UNITED STATES TAKE EFFECT AS PROTECTED BY THE "RELIGIOUS LAND USE AND INSTITUTIONALIZED PERSONS ACT OF 2000 (RLUIPA)," 42 U.S.C. 2000. PLEASE ALLOW ME THIS RELIGIOUS RIGHT SO THAT I MAY TRANSITION FROM THIS WORLD TO MY SAVIOR, JESUS CHRIST. THANK YOU.

Action Requested to resolve your Complaint.

FOR MY SPIRITUAL ADVISOR BE PERMITTED TO PLACE A HAND ON MY HEART AS HE'S PRAYING DURING COMMENCEMENT OF EXECUTION AND TO CLOSE MY EYES AT THE PRONOUNCEMENT OF DEATH.

Offender Signature: *Kareem Christopher*

Date: 9.29.21

Grievance Response:

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____